


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 026 ***150.00

DOCUMENT # **P00000096918**

1. Entity Name **HONEYBEE FROZEN YOGURT INC**
12 DOGWOOD RD
HOLLYWOOD, FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 DOGWOOD RD

3. Mailing Address
12 DOGWOOD RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **HOLLYWOOD FL** City & State **HOLLYWOOD FL**

Zip **33021** Country **USA** Zip **33021** Country **USA**

4. FEI Number **65-1061233** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FREYDA FELLOWS**

Street Address (P.O. Box Number is Not Acceptable)
12 DOGWOOD RD

City **HOLLYWOOD** FL Zip Code **33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FREYDA FELLOWS 12 DOGWOOD RD HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Freida Fellows* Date **Feb 7/03** Daytime Phone # **(954) 966-0072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)